

111TH CONGRESS
1ST SESSION

S. 245

To expand, train, and support all sectors of the health care workforce to care for the growing population of older individuals in the United States.

IN THE SENATE OF THE UNITED STATES

JANUARY 14, 2009

Mr. KOHL (for himself, Mrs. LINCOLN, and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To expand, train, and support all sectors of the health care workforce to care for the growing population of older individuals in the United States.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Retooling the Health Care Workforce for an Aging
6 America Act of 2009”.

7 (b) TABLE OF CONTENTS.—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT

Subtitle A—Health Professions Education Related to Geriatrics

- Sec. 101. Geriatric education centers.
- Sec. 102. Improving geriatric training for physicians, dentists, and behavior and mental health professionals.
- Sec. 103. Geriatric academic career awards.
- Sec. 104. Geriatric Career Incentive Awards.
- Sec. 105. National Center for Health Workforce Analysis.

Subtitle B—Improved Nursing Services

- Sec. 121. Comprehensive geriatric education nursing grant program.

TITLE II—AMENDMENTS TO THE WORKFORCE INVESTMENT ACT OF 1998

- Sec. 201. Core services.
- Sec. 202. Individual training accounts.
- Sec. 203. Collaboration between State boards and the veterans agencies of the States.
- Sec. 204. Collaboration between Department of Labor and Department of Veterans Affairs.
- Sec. 205. Training opportunities for direct care workers.

TITLE III—AMENDMENTS TO THE OLDER AMERICANS ACT OF 1965

- Sec. 301. Family caregiver training.
- Sec. 302. Redesignations in provisions for multigenerational and civic engagement activities.
- Sec. 303. National Resource Center on Volunteers, Students, and Seniors.

TITLE IV—AMENDMENTS TO THE SOCIAL SECURITY ACT

- Sec. 401. Demonstration program for personal or home care aides, nurse aides, and home health aides in long-term care settings.
- Sec. 402. Medicare family caregiver information and referral.
- Sec. 403. Medicaid assessment of family caregiver support needs.

TITLE V—STUDIES AND REPORTS

- Sec. 501. Studies and reports.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

- 3 (1) The United States will not be able to meet
- 4 near-term demands for chronic, geriatric, and long-
- 5 term care without a workforce that is prepared for
- 6 the job.

1 (2) Between 2005 and 2030, it is estimated
2 that the number of adults aged 65 and older will al-
3 most double from 37,000,000 to over 70,000,000,
4 increasing from 12 percent of the population of the
5 United States to almost 20 percent of the popu-
6 lation.

7 (3) Because the overall size of the population of
8 older adults in the United States will increase rap-
9 idly, the number of older adults in the United States
10 who are disabled will soar in the coming decades.
11 Between 2000 and 2040 the number of older adults
12 who are disabled will more than double, increasing
13 from an estimated 10,000,000 to an estimated
14 21,000,000.

15 (4) A 2008 report by the Institute of Medicine
16 of the National Academies, entitled, “Retooling for
17 an Aging America” concludes that the health care
18 workforce will lack the capacity, in both size and
19 ability, to meet the needs of older patients in the fu-
20 ture unless action is taken immediately.

21 (5) Inadequate training in geriatrics, geron-
22 tology, chronic care management, and long-term
23 care is known to result in misdiagnoses, medication
24 errors, and inadequate coordination of services and

1 treatments that result in poor care and is costly for
2 the health care system as a whole.

3 (6) Currently, only 1 percent of all physicians
4 (approximately 7,000) in the United States are cer-
5 tified geriatricians, even as the population of older
6 adults is on track to double by 2030.

7 (7) Inadequate amounts of time devoted to geri-
8 atric training are reported by $\frac{1}{4}$ of graduating med-
9 ical students, and close to $\frac{1}{2}$ of graduating medical
10 students say they are unprepared to care for resi-
11 dents in nursing homes.

12 (8) Less than 1 percent of all nurses are cer-
13 tified gerontological nurses. Absent any change, by
14 the year 2020, the total supply of nurses in the
15 United States is projected to fall 29 percent below
16 requirements, resulting in a severe shortage of nurs-
17 ing expertise relative to the demand for care of
18 medically complex, frail older adults.

19 (9) Estimates suggest that there are currently
20 only 700 practicing geropsychologists in the United
21 States, falling far short of the current need for
22 5,000 to 7,500 geropsychologists.

23 (10) The Bureau of Labor Statistics of the De-
24 partment of Labor predicts that personal or home
25 care aides and home health aides will represent the

1 second and third fastest-growing occupations be-
 2 tween 2006 and 2016. Yet personal or home care
 3 aides are not subject to any Federal requirements
 4 related to training or education, and States have
 5 very different requirements for personal or home
 6 care aides.

7 (11) Research shows that inadequate training is
 8 a major contributor to high turnover rates among
 9 direct care workers and more training is correlated
 10 with better staff recruitment and retention rates.

11 (12) An estimated 44,000,000 family caregivers
 12 are being asked to provide increasingly complex
 13 medical services to frail and elderly loved ones wish-
 14 ing to live at home. Multiple surveys have docu-
 15 mented that basic training and access to other tar-
 16 geted services are necessary for family caregivers to
 17 provide consistent quality care on an ongoing basis.

18 **TITLE I—AMENDMENTS TO THE**
 19 **PUBLIC HEALTH SERVICE ACT**
 20 **Subtitle A—Health Professions**
 21 **Education Related to Geriatrics**

22 **SEC. 101. GERIATRIC EDUCATION CENTERS.**

23 Section 753 of the Public Health Service Act (42
 24 U.S.C. 294) is amended by adding at the end the fol-
 25 lowing:

1 “(d) GRANTS TO EXPAND AND IMPROVE GERIATRIC
2 EDUCATION CENTERS.—

3 “(1) IN GENERAL.—The Secretary shall award
4 grants or contracts under this subsection to entities
5 that operate a geriatric education center pursuant to
6 subsection (a)(1).

7 “(2) APPLICATION.—To be eligible for an
8 award under paragraph (1), an entity described in
9 such paragraph shall submit to the Secretary an ap-
10 plication at such time, in such manner, and con-
11 taining such information as the Secretary may re-
12 quire.

13 “(3) USE OF FUNDS.—Amounts awarded under
14 a grant or contract under paragraph (1) shall be
15 used to—

16 “(A) carry out the fellowship program de-
17 scribed in paragraph (4); and

18 “(B) carry out 2 of the 3 activities de-
19 scribed in paragraph (5).

20 “(4) FELLOWSHIP PROGRAM.—

21 “(A) IN GENERAL.—Pursuant to para-
22 graph (3), a geriatric education center that re-
23 ceives an award under this subsection shall use
24 such funds to offer short-term intensive courses
25 (referred to in this subsection as a ‘fellowship’)

1 that focus on geriatrics, chronic care manage-
2 ment, and long-term care that provide supple-
3 mental training for faculty members in medical
4 schools and other health professions schools
5 with programs in psychology, pharmacy, nurs-
6 ing, social work, dentistry, public health, or
7 other health disciplines, as approved by the Sec-
8 retary. Such a fellowship shall be open to cur-
9 rent faculty, and appropriately credentialed vol-
10 unteer faculty and practitioners, who do not
11 have formal training in geriatrics, to upgrade
12 their knowledge and clinical skills for the care
13 of older adults and adults with functional limi-
14 tations and to enhance their interdisciplinary
15 teaching skills.

16 “(B) LOCATION.—A fellowship shall be of-
17 fered either at the geriatric education center
18 that is sponsoring the course, in collaboration
19 with other geriatric education centers, or at
20 medical schools, schools of nursing, schools of
21 pharmacy, schools of social work, graduate pro-
22 grams in psychology, or other health professions
23 schools approved by the Secretary with which
24 the geriatric education centers are affiliated.

1 “(C) CME CREDIT.—Participation in a fel-
 2 lowship under this paragraph shall be accepted
 3 with respect to complying with continuing med-
 4 ical education requirements. As a condition of
 5 such acceptance, the recipient shall agree to
 6 subsequently provide a minimum of 18 hours of
 7 voluntary instructional support through a geri-
 8 atric education center that is providing clinical
 9 training to students or trainees in long-term
 10 care settings.

11 “(5) ADDITIONAL REQUIRED ACTIVITIES DE-
 12 SCRIBED.—Pursuant to paragraph (3), a geriatric
 13 education center that receives an award under this
 14 subsection shall use such funds to carry out 2 of the
 15 3 activities:

16 “(A) FAMILY CAREGIVER TRAINING.—A
 17 geriatric education center that receives an
 18 award under this subsection shall offer at least
 19 2 courses each year, at no charge or nominal
 20 cost, to family caregivers that are designed to
 21 provide practical training for supporting frail
 22 elders and individuals with disabilities. The Sec-
 23 retary shall require such Centers to work with
 24 appropriate community partners, including fam-
 25 ily caregivers and family caregiver organiza-

tions, to develop training program content and to publicize the availability of training courses in their service areas. All family caregiver training programs shall include instruction on the management of psychological and behavioral aspects of dementia, communication techniques for working with individuals who have dementia, and the appropriate, safe, and effective use of medications for older adults.

“(B) DIRECT CARE WORKING TRAINING.—

A geriatric education center that receives an award under this subsection shall offer at least 2 courses each year to certified nurse aides, home health aides, personal or home care aides and other types of direct care workers on ‘best practices’ for working with frail elders and individuals with disabilities, including individuals with dementia, urinary incontinence, and problems with balance or mobility, and raising awareness of medication issues for older adults.

“(C) INCORPORATION OF BEST PRACTICES.—

A geriatric education center that receives an award under this subsection shall develop and include material on depression and other mental disorders common among older

1 adults, medication safety issues for older adults,
2 and management of the psychological and be-
3 havioral aspects of dementia and communica-
4 tion techniques with individuals who have de-
5 mentia in all training courses, where appro-
6 priate.

7 “(6) TARGETS.—A geriatric education center
8 that receives an award under this subsection shall
9 meet targets approved by the Secretary for providing
10 geriatric training to a certain number of faculty or
11 practitioners during the term of the grant, as well
12 as other parameters established by the Secretary, in-
13 cluding guidelines for the content of the fellowships.

14 “(7) AMOUNT OF AWARD.—An award under
15 this subsection shall be in an amount of \$150,000.
16 Not more than 24 geriatric education centers may
17 receive an award under this subsection.

18 “(8) MAINTENANCE OF EFFORT.—A geriatric
19 education center that receives an award under this
20 subsection shall provide assurances to the Secretary
21 that funds provided to the geriatric education center
22 under this subsection will be used only to supple-
23 ment, not to supplant, the amount of Federal, State,
24 and local funds otherwise expended by the geriatric
25 education center.

1 “(9) AUTHORIZATION OF APPROPRIATIONS.—In
 2 addition to any other funding available to carry out
 3 this section, there is authorized to be appropriated
 4 to carry out this subsection, \$10,800,000 for the pe-
 5 riod of fiscal year 2011 through 2013.”.

6 **SEC. 102. IMPROVING GERIATRIC TRAINING FOR PHYSI-**
 7 **CIANS, DENTISTS, AND BEHAVIOR AND MEN-**
 8 **TAL HEALTH PROFESSIONALS.**

9 Section 753 of the Public Health Service Act (42
 10 U.S.C. 294), as amended by section 101, is amended by
 11 adding at the end the following:

12 “(e) GERIATRIC TRAINING FOR PHYSICIANS, DEN-
 13 TISTS, AND BEHAVIOR AND MENTAL HEALTH PROFES-
 14 SIONALS.—An accredited school of medicine or osteopathic
 15 medicine, an accredited psychology program, a teaching
 16 hospital, or a graduate medical education program that
 17 receives an award under subsection (c) may use the funds
 18 under such award to carry out a program to train individ-
 19 uals for either 1 year, 2 years, or both, who are seeking
 20 a certificate of added qualification or specialization in geri-
 21 atrics for either 1 year, 2 years, or both. Such a program
 22 may be located in a medical school or academic health cen-
 23 ter that offers programs in 2 of the 3 disciplines described
 24 in subsection (c)(5). Such program may fund the training
 25 of psychologists, psychiatric nurse practitioners, and clin-

1 ical social workers as part of the behavior and mental
 2 health training programs.”.

3 **SEC. 103. GERIATRIC ACADEMIC CAREER AWARDS.**

4 (a) EXPANSION OF ELIGIBILITY FOR GERIATRIC
 5 ACADEMIC CAREER AWARDS; PAYMENT TO INSTITU-
 6 TION.—Section 753(c) of the Public Health Service Act
 7 (42 U.S.C. 294(c)) is amended—

8 (1) by striking paragraph (2) through para-
 9 graph (3) and inserting the following:

10 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to
 11 receive an Award under paragraph (1), an individual
 12 shall—

13 “(A) be board certified or board eligible in
 14 internal medicine, family practice, or psychiatry
 15 or have completed any required training in a
 16 discipline and employed in an accredited health
 17 professions school that is approved by the Sec-
 18 retary, including dentistry, pharmacy, nursing,
 19 social work, and psychology;

20 “(B) have completed an approved fellow-
 21 ship program in geriatrics; and

22 “(C) have a junior (non-tenured) faculty
 23 appointment at an accredited (as determined by
 24 the Secretary) school of medicine, osteopathic
 25 medicine, nursing, social work, psychology, den-

1 tistry, pharmacy, or other allied health dis-
 2 ciplines in an accredited health professions
 3 school that is approved by the Secretary.

4 “(3) LIMITATIONS.—No Award under para-
 5 graph (1) may be made to an eligible individual un-
 6 less the individual—

7 “(A) has submitted to the Secretary an ap-
 8 plication, at such time, in such manner, and
 9 containing such information as the Secretary
 10 may require, and the Secretary has approved
 11 such application;

12 “(B) provides, in such form and manner as
 13 the Secretary may require, assurances that the
 14 individual will meet the service requirement de-
 15 scribed in paragraph (5); and

16 “(C) provides, in such form and manner as
 17 the Secretary may require, assurances that the
 18 individual has a full-time faculty appointment
 19 in a health professions institution and docu-
 20 mented commitment from such institution to
 21 spend 75 percent of the total time of such indi-
 22 vidual on teaching and developing skills in
 23 interdisciplinary education in geriatrics.

24 “(4) MAINTENANCE OF EFFORT.—An eligible
 25 individual that receives an Award under paragraph

1 (1) shall provide assurances to the Secretary that
 2 funds provided to the eligible individual under this
 3 subsection will be used only to supplement, not to
 4 supplant, the amount of Federal, State, and local
 5 funds otherwise expended by the eligible individual.”;
 6 and

7 (2) in paragraph (4)—

8 (A) in subparagraph (A)—

9 (i) by inserting “for individuals who
 10 are physicians” after “this section”; and

11 (ii) by inserting after the period at
 12 the end the following: “The Secretary shall
 13 determine the amount of an Award under
 14 this section for individuals who are not
 15 physicians.”; and

16 (B) by adding at the end the following:

17 “(C) PAYMENT TO INSTITUTION.—The
 18 Secretary shall transfer funds awarded to an in-
 19 dividual under this section to the institution
 20 where such individual will carry out the award,
 21 in order to facilitate financial management of
 22 the reward pursuant to guidelines of the Health
 23 Resources and Services Administration.”.

24 (b) AUTHORIZATION OF APPROPRIATIONS.—There
 25 are authorized to be appropriated to carry out the amend-

1 ments made by this section \$6,000,000 for each of fiscal
 2 years 2011, 2012, and 2013.

3 **SEC. 104. GERIATRIC CAREER INCENTIVE AWARDS.**

4 Section 753 of the Public Health Service Act (42
 5 U.S.C. 294), as amended by section 102, is amended by
 6 adding at the end the following:

7 “(f) GERIATRIC CAREER INCENTIVE AWARDS.—

8 “(1) IN GENERAL.—The Secretary shall award
 9 grants or contracts under this section to individuals
 10 described in paragraph (2) to foster greater interest
 11 among a variety of health professionals in entering
 12 the field of geriatrics, long-term care, and chronic
 13 care management.

14 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to
 15 received an award under paragraph (1), an indi-
 16 vidual shall—

17 “(A) be an advanced practice nurse (such
 18 as a clinical nurse specialist or nurse practi-
 19 tioner), a clinical social worker, a pharmacist,
 20 or student of psychology who is pursuing a doc-
 21 torate or other advanced degree approved by
 22 the Secretary in geriatrics, long-term care,
 23 geropsychology, or chronic care management in
 24 an accredited health professions school that is
 25 approved by the Secretary; and

1 “(B) submit to the Secretary an applica-
 2 tion at such time, in such manner, and con-
 3 taining such information as the Secretary may
 4 require.

5 “(3) CONDITION OF AWARD.—As a condition of
 6 receiving an award under this subsection, an indi-
 7 vidual shall agree that, following completion of the
 8 award period, the individual will teach or practice in
 9 the field of geriatrics, long-term care, or chronic
 10 care management for a minimum of 5 years under
 11 guidelines set by the Secretary.

12 “(4) AUTHORIZATION OF APPROPRIATIONS.—
 13 There is authorized to be appropriated to carry out
 14 this subsection, \$10,000,000 for the period of fiscal
 15 years 2011 through 2013.”.

16 **SEC. 105. NATIONAL CENTER FOR HEALTH WORKFORCE**
 17 **ANALYSIS.**

18 Part E of Title VII of the Public Health Service Act
 19 (42 U.S.C. 294n et seq.) is amended by adding at the end
 20 the following:

1 **“Subpart 3—National Center for Health Workforce**
2 **Analysis**

3 **“SEC. 774. ACTIVITIES OF THE NATIONAL CENTER FOR**
4 **HEALTH WORKFORCE ANALYSIS.**

5 “In addition to any activities being carried out at the
6 National Center for Health Workforce Analysis of the
7 Health Resources and Services Administration as of the
8 day before the date of enactment of the Retooling the
9 Health Care Workforce for an Aging America Act of 2009,
10 the head of such Center shall analyze—

11 “(1) current and projected needs for health and
12 long-term care workforce demand and supply, and
13 training and education needs specific to older adults
14 and adults with functional limitations;

15 “(2) turnover and retention for professionals
16 and paraprofessionals in these fields, including ad-
17 ministrators, medical directors and direct care staff
18 of nursing homes, assisted living facilities and home
19 and community-based settings, or any other setting
20 or provider the Secretary determines appropriate;
21 and

22 “(3) diversity of racial and ethnic minority
23 groups represented by professionals and paraprofes-
24 sionals in these fields.

1 **“SEC. 775. AUTHORIZATION OF APPROPRIATIONS.**

2 “There is authorized to be appropriated to the Na-
3 tional Center for Workforce Analysis to carry out this sub-
4 part \$6,000,000 for the period of fiscal years 2011
5 through 2013.”.

6 **Subtitle B—Improved Nursing**
7 **Services**

8 **SEC. 121. COMPREHENSIVE GERIATRIC EDUCATION NURS-**
9 **ING GRANT PROGRAM.**

10 Section 855 of the Public Health Service Act (42
11 U.S.C. 298) is amended—

12 (1) in subsection (b)—

13 (A) in paragraph (3), by striking “or”;

14 (B) in paragraph (4), by striking the pe-
15 riod and inserting “; or”; and

16 (C) by inserting after paragraph (4) the
17 following:

18 “(5) establish Federal traineeships to individ-
19 uals who are preparing for advanced degrees in geri-
20 atric nursing, long-term care, and gero-psychiatric
21 nursing.”; and

22 (2) in subsection (e), by inserting before the pe-
23 riod the following: “, \$12,000,000 for each of fiscal
24 years 2011 through 2013 to provide assistance
25 under this section to support additional training for
26 nurses who care for the elderly and individuals with

1 disabilities and for the development and dissemina-
 2 tion of curricula relating to geriatric nursing care,
 3 the training of nursing faculty in geriatrics, and the
 4 provision of continuing education for nurses prac-
 5 ticing in geriatrics, and \$25,000,000 for each of fis-
 6 cal years 2011 through 2013 to provide assistance
 7 under this section to support the Federal
 8 traineeships established under subsection (b)(5)’’.

9 **TITLE II—AMENDMENTS TO THE**
 10 **WORKFORCE INVESTMENT**
 11 **ACT OF 1998**

12 **SEC. 201. CORE SERVICES.**

13 Section 134(d)(2)(E)(iii) of the Workforce Invest-
 14 ment Act of 1998 (29 U.S.C. 2864(d)(2)(E)(iii)) is
 15 amended to read as follows:

16 “(iii) information relating to local oc-
 17 cupations in demand, including health care
 18 and long-term care occupations, and the
 19 earnings and skill requirements for such
 20 local occupations;”.

21 **SEC. 202. INDIVIDUAL TRAINING ACCOUNTS.**

22 Section 134(d)(4)(G)(iii) of the Workforce Invest-
 23 ment Act of 1998 (29 U.S.C. 2864(d)(4)(G)(iii)) is
 24 amended to read as follows:

1 “(iii) LINKAGE TO OCCUPATIONS IN
2 DEMAND.—Training services provided
3 under this paragraph shall be directly
4 linked to occupations, including health care
5 and long-term care occupations, that are in
6 demand in the local area, or in another
7 area to which an adult or dislocated work-
8 er receiving such services is willing to relo-
9 cate, except that a local board may ap-
10 prove training services for occupations de-
11 termined by the local board to be in sectors
12 of the economy that have a high potential
13 for sustained demand or growth in the
14 local area. In making determinations of de-
15 mand or potential demand or growth under
16 this clause, a local board shall consult local
17 and State health agencies, employers, and
18 other organizations that the local board de-
19 termines to be appropriate.”.

20 **SEC. 203. COLLABORATION BETWEEN STATE BOARDS AND**
21 **THE VETERANS AGENCIES OF THE STATES.**

22 Section 112(b) of the Workforce Investment Act of
23 1998 (29 U.S.C. 2822(b)) is amended—

24 (1) in paragraph (17), by striking “and” at the
25 end;

1 (2) in paragraph (18), by striking the period
2 and inserting “; and”; and

3 (3) by adding at the end the following new
4 paragraph:

5 “(19) a description of how the State board will
6 collaborate with the veterans agency of the State, in-
7 cluding entering into a memorandum of under-
8 standing with the veterans agency of the State speci-
9 fying—

10 “(A) the manner in which the State board
11 and the veterans agency of the State will pro-
12 vide information on health care workforce em-
13 ployment and training opportunities available to
14 individuals, including veterans who are receiving
15 core services described in section 134(d)(2) at
16 a one-stop center and are receiving assistance
17 from the Veterans’ Employment and Training
18 Service of the Department of Labor; and

19 “(B) the manner in which the State board
20 and the veterans agency of the State will obtain
21 and provide information to one-stop operators
22 in the State, for distribution through one-stop
23 centers, about training, internship, and employ-
24 ment opportunities in geriatrics, gerontology,
25 and long-term care, including, as available, op-

1 portunities at geriatric research, education and
 2 clinical centers operated by the Department of
 3 Veterans Affairs.”.

4 **SEC. 204. COLLABORATION BETWEEN DEPARTMENT OF**
 5 **LABOR AND DEPARTMENT OF VETERANS AF-**
 6 **FAIRS.**

7 The Secretary of Labor, acting through the Assistant
 8 Secretary for Veterans’ Employment and Training, and
 9 the Secretary of Veterans Affairs, shall develop memo-
 10 randa of understanding outlining how veterans seeking
 11 employment information through the Local Veterans’ Em-
 12 ployment Representative Program and the Transition As-
 13 sistance Program will be provided with information about
 14 training, internship, and employment opportunities in ger-
 15 iatrics, gerontology, and long-term care, including oppor-
 16 tunities at geriatric research, education and clinical cen-
 17 ters operated by the Department of Veterans Affairs.

18 **SEC. 205. TRAINING OPPORTUNITIES FOR DIRECT CARE**
 19 **WORKERS.**

20 (a) IN GENERAL.—Section 171 of the Workforce In-
 21 vestment Act of 1998 (29 U.S.C. 2916) is amended by
 22 adding at the end the following new subsection:

23 “(f) TRAINING OPPORTUNITIES FOR DIRECT CARE
 24 WORKERS.—

1 “(1) IN GENERAL.—The Secretary shall award
 2 grants to eligible entities to enable such entities to
 3 provide new training opportunities for direct care
 4 workers (including certified nursing assistants, home
 5 health aides, and personal or home care aides) who
 6 are employed in long-term care settings such as
 7 nursing homes (as defined in section 1908(e)(1) of
 8 the Social Security Act (42 U.S.C. 1396g(e)(1)), as-
 9 sisted living facilities, home care settings, and any
 10 other setting the Secretary determines to be appro-
 11 priate.

12 “(2) ELIGIBILITY.—To be eligible to receive a
 13 grant under paragraph (1), an entity shall—

14 “(A) be an institution of higher education
 15 (as defined in section 102 of the Higher Edu-
 16 cation Act of 1965 (20 U.S.C. 1002)) that—

17 “(i) is accredited by a nationally rec-
 18 ognized accrediting agency or association
 19 listed under section 101(c) of the Higher
 20 Education Act of 1965 (20 U.S.C.
 21 1001(c)); and

22 “(ii) has established a public-private
 23 educational partnership with a nursing
 24 home, home health agency, or other long-
 25 term care provider; and

1 “(B) submit to the Secretary an applica-
2 tion at such time, in such manner, and con-
3 taining such information as the Secretary may
4 require.

5 “(3) PRIORITY.—In making grants to eligible
6 entities, the Secretary shall give priority to entities
7 that demonstrate that the entities will coordinate ac-
8 tivities with one-stop operators and one-stop part-
9 ners at local one-stop centers referred to in section
10 134(c).

11 “(4) USE OF FUNDS.—An eligible entity shall
12 use amounts awarded under a grant under para-
13 graph (1) to provide assistance to eligible individuals
14 to offset the cost of tuition and required fees for en-
15 rollment in academic programs provided by such en-
16 tity, including—

17 “(A) the provision of stipends to such indi-
18 viduals for a period of not to exceed 2 years;

19 “(B) the lowering of fees assessed with re-
20 spect to eligible individuals who are enrolled in
21 programs leading to a licensed practical nursing
22 degree, a registered nursing degree, or any
23 other advanced nursing degree; and

24 “(C) the lowering of fees assessed with re-
25 spect to eligible individuals who are enrolled in

1 courses aimed at improving direct care skills for
2 the treatment of specialized conditions that are
3 common in the long-term care sector, such as
4 wound care, brain trauma, immobility, inconti-
5 nence, functional impairment, and dementia.

6 “(5) ELIGIBLE INDIVIDUAL.—

7 “(A) ELIGIBILITY.—To be eligible for as-
8 sistance under paragraph (4), an individual
9 shall be enrolled in courses provided by a grant-
10 ee under this subsection and maintain satisfac-
11 tory academic progress in such courses.

12 “(B) CONDITION OF ASSISTANCE.—As a
13 condition of receiving assistance under para-
14 graph (4), an individual shall agree that, fol-
15 lowing completion of the assistance period, the
16 individual will work in the field of geriatrics,
17 long-term care, or chronic care management for
18 a minimum of 2 years under guidelines set by
19 the Secretary.

20 “(6) AUTHORIZATION OF APPROPRIATIONS.—

21 There is authorized to be appropriated to carry out
22 this subsection, \$10,000,000 for the period of fiscal
23 years 2011 through 2013.”.

24 (b) CONFORMING AMENDMENTS.—

1 (1) Section 174(b)(1) of the Workforce Invest-
 2 ment Act of 1998 (29 U.S.C. 2919(b)(1)) is amend-
 3 ed by inserting “and except as provided in section
 4 171(f),” after “paragraph (2),”.

5 (2) Section 174(b)(2)(B)(ii) of the Workforce
 6 Investment Act (29 U.S.C. (b)(2)(B)(ii)) is amended
 7 to read as follows:

8 “(ii) except as provided in section
 9 171(f), for each of the fiscal years 2000
 10 through 2003, reserve not less than 45
 11 percent for carrying out section 171;”.

12 **TITLE III—AMENDMENTS TO**
 13 **THE OLDER AMERICANS ACT**
 14 **OF 1965**

15 **SEC. 301. FAMILY CAREGIVER TRAINING.**

16 (a) IN GENERAL.—Part E of title III of the Older
 17 Americans Act of 1965 (42 U.S.C. 3030s et seq.) is
 18 amended by adding at the end the following:

19 **“SEC. 375. FAMILY CAREGIVER TRAINING.**

20 “(a) DEVELOPMENT OF MATERIALS.—

21 “(1) IN GENERAL.—The Assistant Secretary
 22 shall, directly or by contract, develop family care-
 23 giver training materials, working with an advisory
 24 committee, comprised of experts on matters related
 25 to family caregivers, including researchers, clini-

1 cians, representatives of nursing homes and State
2 Long-Term Care Ombudsman programs, representa-
3 tives of community colleges and vocational schools,
4 family caregivers, and representatives of organiza-
5 tions for family caregivers. The materials shall be
6 suitable to provide online training for family care-
7 givers, and grandparents or older individuals who
8 are relative caregivers, in providing personal care to
9 care recipients.

10 “(2) CONTENT.—The materials shall include
11 written materials and videos, designed to be easily
12 downloaded, that demonstrate techniques for key
13 personal care activities. The materials shall dem-
14 onstrate ways of safely lifting and transferring indi-
15 viduals with disabilities, means of preventing falls,
16 and other means of providing assistance with activi-
17 ties of daily living, and instrumental activities of
18 daily living such as medication management. The
19 materials shall provide information on behavioral
20 management and communication techniques for care
21 recipients that are individuals with Alzheimer’s dis-
22 ease or a related disorder with neurological and or-
23 ganic brain dysfunction.

1 “(b) DISTRIBUTION OF MATERIALS.—The Assistant
 2 Secretary shall make the training described in subsection
 3 (a)(1) available online, free of cost to users.

4 “(c) DEFINITIONS.—In this section:

5 “(1) CARE RECIPIENT.—The term ‘care recipi-
 6 ent’—

7 “(A) used with respect to a family care-
 8 giver, means an older individual or an indi-
 9 vidual with Alzheimer’s disease or a related dis-
 10 order with neurological and organic brain dys-
 11 function; and

12 “(B) used with respect to a grandparent or
 13 older individual who is a relative caregiver,
 14 means an individual with a disability.

15 “(2) COMMUNITY COLLEGE.—The term ‘com-
 16 munity college’ means an institution of higher edu-
 17 cation (as defined in section 101(a) of the Higher
 18 Education Act of 1965 (20 U.S.C. 1001(a))) that
 19 offers a 2-year program of study.

20 “(3) INDIVIDUAL WITH A DISABILITY.—The
 21 term ‘individual with a disability’ means an indi-
 22 vidual with a disability, within the meaning of sec-
 23 tion 372(a)(1).

24 “(4) VOCATIONAL SCHOOL.—The term ‘voca-
 25 tional school’ means an area career and technical

1 education school, as defined in section 3 of the Carl
 2 D. Perkins Career and Technical Education Act of
 3 2006 (20 U.S.C. 2302).”.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
 5 303(e) of the Older Americans Act of 1965 (42 U.S.C.
 6 3023(e)) is amended—

7 (1) in paragraph (2), by inserting “, other than
 8 section 375” after “part E”; and

9 (2) by adding at the end the following:

10 “(4) There is authorized to be appropriated to carry
 11 out section 375, \$5,000,000 for the period of fiscal years
 12 2011 through 2013.”.

13 **SEC. 302. REDESIGNATIONS IN PROVISIONS FOR**
 14 **MULTIGENERATIONAL AND CIVIC ENGAGE-**
 15 **MENT ACTIVITIES.**

16 (a) REDESIGNATIONS.—Section 417 of the Older
 17 Americans Act of 1965 is amended—

18 (1) in subsection (a)—

19 (A) in paragraph (1), by redesignating
 20 subparagraphs (A) and (B) as clauses (i) and
 21 (ii), respectively, and indenting accordingly;

22 (B) by redesignating paragraphs (1) and
 23 (2) as subparagraphs (A) and (B), respectively,
 24 and indenting accordingly; and

1 (C) by inserting all that precedes “The As-
 2 sistant Secretary” and inserting the following:

3 “(a) DEMONSTRATION, SUPPORT, AND RESEARCH
 4 PROJECTS.—

5 “(1) GRANTS AND CONTRACTS.—”;

6 (2) in subsection (b)—

7 (A) by redesignating paragraphs (1) and
 8 (2) as subparagraphs (A) and (B), respectively,
 9 and indenting accordingly; and

10 (B) by inserting all that precedes “An eli-
 11 gible” and inserting the following:

12 “(2) USE OF FUNDS.—”;

13 (3) in subsection (c)—

14 (A) by redesignating paragraphs (1)
 15 through (4) as subparagraphs (A) through (D),
 16 respectively, and indenting accordingly; and

17 (B) by striking all that precedes “In
 18 awarding” and inserting the following:

19 “(3) PREFERENCE.—”;

20 (4) in subsection (d), by striking all that pre-
 21 cedes “To be” and inserting the following:

22 “(4) APPLICATION.—”;

23 (5) in subsection (e)—

1 (A) by redesignating paragraphs (1) and
 2 (2) as subparagraphs (A) and (B), respectively,
 3 and indenting accordingly; and

4 (B) by inserting all that precedes “Organi-
 5 zations” and inserting the following:

6 “(5) ELIGIBLE ORGANIZATIONS.—”;

7 (6) in subsection (f)—

8 (A) in paragraph (1), by redesignating
 9 subparagraphs (A), (B), and (C) as clauses (i),
 10 (ii), and (iii), respectively, and indenting ac-
 11 cordingly;

12 (B) by redesignating paragraphs (1) and
 13 (2) as subparagraphs (A) and (B), respectively,
 14 and indenting accordingly; and

15 (C) by inserting all that precedes subpara-
 16 graph (A) (as redesignated by subparagraph
 17 (B) of this paragraph) and inserting the fol-
 18 lowing:

19 “(6) LOCAL EVALUATION AND REPORT.—”;

20 (7) in subsection (g)—

21 (A) by redesignating paragraphs (1)
 22 through (8) as subparagraphs (A) through (H),
 23 respectively, and indenting accordingly; and

24 (B) by inserting all that precedes “Not
 25 later” and inserting the following:

1 “(7) REPORT TO CONGRESS.—”; and
 2 (8) in subsection (h)—
 3 (A) in paragraph (2)—
 4 (i) in subparagraph (B), by redesignating clauses (i) and (ii) as subclauses (I)
 5 and (II), respectively, and indenting accordingly; and
 6 (ii) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and indenting accordingly;
 7 (B) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and indenting accordingly; and
 8 (C) by inserting all that precedes “As used” and inserting the following:
 9 “(8) DEFINITIONS.—”.

10 (b) CONFORMING AMENDMENTS.—Section 417 of the
 11 Older Americans Act of 1965 is amended—

12 (1) by striking “this section” each place it appears and inserting “this subsection”;
 13 (2) by striking “subsection (a)(1)” each place it appears and inserting “paragraph (1)(A)”;
 14 (3) by striking “subsection (a)(2)” each place it appears and inserting “paragraph (1)(B)”;

1 (4) except as provided in paragraphs (2) and
 2 (3), by striking “subsection (a)” each place it ap-
 3 pears and inserting “paragraph (1)”; and

4 (5) in subsection (a) (as redesignated by sub-
 5 section (a) of this section)—

6 (A) in paragraph (2)(B), by striking “sub-
 7 section (f)” and inserting “paragraph (6)”; and

8 (B) in paragraph (7)—

9 (i) in the matter preceding subpara-
 10 graph (A), by striking “subsection (f)(2)”
 11 and inserting “paragraph (6)(B)”; and

12 (ii) in subparagraph (G), by striking
 13 “paragraph (1)” and inserting “subpara-
 14 graph (A)”.

15 **SEC. 303. NATIONAL RESOURCE CENTER ON VOLUNTEERS,**
 16 **STUDENTS, AND SENIORS.**

17 Section 417 of the Older Americans Act of 1965 (42
 18 U.S.C. 3032f), as amended by section 302, is further
 19 amended by adding at the end the following:

20 “(b) NATIONAL RESOURCE CENTER ON VOLUN-
 21 TEERS, STUDENTS, AND SENIORS.—

22 “(1) IN GENERAL.—

23 “(A) GRANT.—The Assistant Secretary
 24 shall award a grant for the establishment and
 25 operation of a National Resource Center on

Volunteers, Students, and Seniors (referred to in this subsection as the ‘Center’). The Center shall—

“(i) promote partnerships between entities in the aging network, and institutions of higher education and secondary schools, in order to expand the capacity of individuals to serve in, and in order to attract new leaders for and professionals into, the aging network; and

“(ii) encourage projects that involve underserved communities, including rural communities and racial and ethnic minority communities.

“(B) PARTNERSHIPS.—Such partnerships may involve—

“(i) State agencies, area agencies on aging, or other local government agencies, Aging and Disability Resource Centers, tribal organizations, nonprofit health or social service organizations, community clinics, adult day care centers, senior housing providers, and other providers that provide direct services to older individuals and that

1 are determined to be appropriate by the
2 Assistant Secretary; and

3 “(ii) local institutions of higher edu-
4 cation and secondary schools.

5 “(2) CENTER.—The Center shall use the funds
6 made available through the grant to—

7 “(A) identify and disseminate information
8 (including information about best practices)
9 concerning how entities described in paragraph
10 (1)(B) can establish partnerships in a manner
11 that provides volunteers and students in nurs-
12 ing, social work, gerontology, psychology, dental
13 hygiene, music and recreational therapy, nutri-
14 tion, and other disciplines identified by the As-
15 sistant Secretary with opportunities, approved
16 by the Assistant Secretary, to gain experience
17 working with older individuals, including older
18 individuals with dementia or cognitive impair-
19 ment, receiving services under this Act;

20 “(B) develop and implement a model dem-
21 onstration grant program to—

22 “(i) promote new partnerships be-
23 tween the entities described in paragraph
24 (1)(B) and incorporate activities of the
25 partnerships into established curricula of

1 institutions of higher education and sec-
 2 ondary schools; and

3 “(ii) promote and sponsor internship
 4 programs, career development seminars,
 5 and continuing education and lifelong
 6 learning programs; and

7 “(C) develop and implement a model ca-
 8 reer ladder program that will disseminate infor-
 9 mation on best practices designed to enable
 10 mid-level professionals to advance in the field of
 11 aging.

12 “(3) DEFINITION.—In this subsection, the term
 13 ‘secondary school’ has the meaning given the term in
 14 section 9101 of the Elementary and Secondary Edu-
 15 cation Act of 1965 (20 U.S.C. 8801).

16 “(4) AUTHORIZATION OF APPROPRIATIONS.—
 17 There is authorized to be appropriated to carry out
 18 this subsection \$3,000,000 for fiscal year 2011,
 19 \$3,500,000 for fiscal year 2012, and \$4,000,000 for
 20 fiscal year 2013.”.

1 **TITLE IV—AMENDMENTS TO THE**
2 **SOCIAL SECURITY ACT**

3 **SEC. 401. DEMONSTRATION PROGRAM FOR PERSONAL OR**
4 **HOME CARE AIDES, NURSE AIDES, AND HOME**
5 **HEALTH AIDES IN LONG-TERM CARE SET-**
6 **TINGS.**

7 (a) ESTABLISHMENT.—

8 (1) IN GENERAL.—The Secretary shall establish
9 a demonstration program (in this section referred to
10 as the “program”) to make grants to participating
11 States to develop core training competencies for eli-
12 gible personal or home care aides and additional
13 training content for nurse aides and home health
14 aides to supplement training for nurse aides and
15 home health aides that is required under Federal
16 law or regulation, and to evaluate the effectiveness
17 of such competencies and additional training con-
18 tent. Such program shall evaluate the efficacy of—

19 (A) the core training competencies devel-
20 oped under subsection (b)(2)(A);

21 (B) the additional training content devel-
22 oped under subsection (b)(2)(B); and

23 (C) the method of implementation of such
24 core training competencies and additional train-
25 ing content against a “control” group being

1 trained under a participating State’s existing
2 training protocols.

3 (2) DURATION.—The program shall be con-
4 ducted for not less than 4 years.

5 (b) ESTABLISHMENT OF EXPERT PANEL.—

6 (1) IN GENERAL.—Not later than 120 days
7 after the date of enactment of this Act, the Sec-
8 retary shall establish a panel of long-term care work-
9 force experts (in this section referred to as the “ex-
10 pert panel”).

11 (2) DUTIES.—The expert panel shall carry out
12 the following duties:

13 (A)(i) Subject to clause (ii), developing
14 core training competencies for personal or home
15 care aides, including such competencies with re-
16 spect to the following areas:

17 (I) The role of the personal or home
18 care aide (including differences between a
19 personal or home care aide employed by an
20 agency and a personal or home care aide
21 employed directly by the health care con-
22 sumer or an independent provider).

23 (II) Consumer rights, ethics, and con-
24 fidentiality (including the role of proxy de-
25 cision-makers in the case where a health

1 care consumer has impaired decision-mak-
 2 ing capacity).

3 (III) Communication, cultural and lin-
 4 guistic competence and sensitivity, problem
 5 solving, behavior management, and rela-
 6 tionship skills.

7 (IV) Personal care skills.

8 (V) Health care support.

9 (VI) Nutritional support.

10 (VII) Infection control.

11 (VIII) Safety and emergency training.

12 (IX) Training specific to an individual
 13 consumer's needs (including older individ-
 14 uals, younger individuals with disabilities,
 15 individuals with developmental disabilities,
 16 individuals with dementia, and individuals
 17 with mental and behavioral health needs).

18 (X) Self-Care.

19 (ii) For purposes of the program, the core
 20 training competencies developed under clause
 21 (i) shall only apply with respect to newly hired
 22 personal or home care aides.

23 (B)(i) Subject to clause (ii), developing ad-
 24 ditional training content for home health aides
 25 and nurse aides which is not required under

1 Federal law as of the date of enactment of this
2 Act, including such content with respect to the
3 following areas:

4 (I) Culturally and linguistically com-
5 petent practice.

6 (II) Standardized direct care worker
7 communication protocols (such as Situa-
8 tion, Background, Assessment, and Rec-
9 ommendation communication tools).

10 (III) Palliative and end-of-life care.

11 (IV) Injury prevention.

12 (V) Wound and decubitus care.

13 (VI) Medication management, adher-
14 ence, and safe disposal.

15 (VII) Mental and behavioral health.

16 (VIII) Additional aspects of dementia
17 care training (such as understanding de-
18 mentia and Alzheimer's disease, dealing
19 with challenging behavior, developing com-
20 munication skills, working with family
21 caregivers, and ensuring physical health
22 and safety).

23 (IX) Prevention and reporting of
24 abuse and caregiver burnout.

1 (ii) For purposes of the program, the addi-
2 tional training content developed under clause
3 (i) shall only apply with respect to newly hired
4 home health aides and nurse aides.

5 (C)(i) Subject to clause (ii), making rec-
6 ommendations regarding how training shall be
7 provided under the program, including rec-
8 ommendations with respect to the following:

9 (I) The length of the training.

10 (II) The appropriate trainer to stu-
11 dent ratio.

12 (III) The amount of instruction time
13 spent in the classroom as compared to on-
14 site in the home or a facility.

15 (IV) Trainer qualifications.

16 (V) Content for a “hands-on” and
17 written certification exam.

18 (VI) Continuing education require-
19 ments.

20 (VII) Ways to integrate the core
21 training competencies developed for per-
22 sonal and home care aides under subpara-
23 graph (A) with the additional training con-
24 tent developed for home health aides and
25 nurse aides under subparagraph (B).

1 (ii) The recommendations under clause (i)
 2 shall ensure that the number of hours of train-
 3 ing provided under the program are not less
 4 than the number of hours of training required
 5 under any applicable State or Federal law or
 6 regulation.

7 (3) MEMBERSHIP.—

8 (A) IN GENERAL.—Subject to subpara-
 9 graph (B), the expert panel shall be composed
 10 of 11 members appointed by the Secretary from
 11 among leading experts in the long-term care
 12 field, including representatives of—

- 13 (i) personal or home care agencies;
- 14 (ii) home health care agencies;
- 15 (iii) nursing homes and residential
- 16 care facilities;
- 17 (iv) the disability community (includ-
- 18 ing the mental retardation and develop-
- 19 mental disability communities);
- 20 (v) the nursing community;
- 21 (vi) national advocacy organizations
- 22 and unions that represent direct care
- 23 workers;
- 24 (vii) older individuals and family care-
- 25 givers;

- 1 (viii) State Medicaid waiver program
- 2 officials;
- 3 (ix) curriculum developers with exper-
- 4 tise in adult learning;
- 5 (x) researchers on direct care workers
- 6 and the long-term care workforce; and
- 7 (xi) geriatric pharmacists.

8 (B) INCLUSION OF REPRESENTATIVES OF
 9 CERTAIN INDIVIDUALS.—Not less than 2 of the
 10 11 members appointed by the Secretary under
 11 subparagraph (A) shall represent the interests
 12 of individuals who rely on long-term care serv-
 13 ices, including the interests of those individuals
 14 described in clause (vii) of such subparagraph.

15 (4) REPORT.—Not later than 1 year after the
 16 date of enactment of this Act, the expert panel shall
 17 submit to the Secretary a report containing—

- 18 (A) the core training competencies devel-
- 19 oped under paragraph (2)(A);
- 20 (B) the additional training content devel-
- 21 oped under paragraph (2)(B);
- 22 (C) any recommendations of the expert
- 23 panel under paragraph (2)(C); and

1 (D) recommendations for such legislation
 2 or administrative action as the expert panel de-
 3 termines appropriate.

4 (5) TERMINATION.—The expert panel shall ter-
 5 minate 180 days after it submits the report under
 6 paragraph (4).

7 (c) APPLICATION AND SELECTION CRITERIA.—

8 (1) IN GENERAL.—

9 (A) SOLICITATION.—Not later than 2
 10 years after the date of enactment of this Act,
 11 the Secretary shall issue a proposal soliciting
 12 States to voluntarily participate in the program.

13 (B) AGREEMENTS.—The Secretary shall
 14 enter into agreements with not more than 4
 15 States to conduct the program in such States.

16 (C) REQUIREMENTS FOR STATES.—An
 17 agreement entered into under subparagraph (B)
 18 shall require that a participating State—

19 (i) use grant funds made available to
 20 the State under the program to recruit eli-
 21 gible health and long-term care providers
 22 to—

23 (I) participate in the program;
 24 and

1 (II) implement the core training
 2 competencies developed under sub-
 3 section (b)(2)(A) and the additional
 4 training content developed under sub-
 5 section (b)(2)(B); and

6 (ii) develop written materials and pro-
 7 tocols for such core training competencies
 8 and such additional training content, in-
 9 cluding the development of a certification
 10 test for personal or home care aides who
 11 have completed such training competencies
 12 and, if applicable, additional training con-
 13 tent.

14 (D) CONSULTATION AND COLLABORATION
 15 WITH COMMUNITY AND VOCATIONAL COL-
 16 LEGES.—The Secretary shall encourage partici-
 17 pating States to consult with community and
 18 vocational colleges regarding the development of
 19 curricula to implement the program, which may
 20 include consideration of such colleges as part-
 21 ners in such implementation.

22 (2) APPLICATION AND ELIGIBILITY.—A State
 23 seeking to participate in the program shall—

1 (A) submit an application to the Secretary
 2 containing such information and at such time
 3 as the Secretary may specify;

4 (B) meet the selection criteria established
 5 under paragraph (3); and

6 (C) meet such additional criteria as the
 7 Secretary may specify.

8 (3) SELECTION CRITERIA.—In selecting States
 9 to participate in the program, the Secretary shall es-
 10 tablish criteria to ensure—

11 (A) geographic and demographic diversity;

12 (B) that participating States offer medical
 13 assistance for personal care services under the
 14 State Medicaid plan;

15 (C) that the existing training standards for
 16 personal or home care aides, home health aides,
 17 and nurse aides in each participating State—

18 (i) are different from such standards
 19 in the other participating States; and

20 (ii) are different from the core train-
 21 ing competencies developed under sub-
 22 section (b)(2)(A) and the additional train-
 23 ing content developed under subsection
 24 (b)(2)(B);

1 (D) that participating States do not reduce
 2 the number of hours of training required under
 3 applicable State law or regulation after being
 4 selected to participate in the program; and

5 (E) that States recruit a minimum number
 6 of eligible health and long-term care providers
 7 to participate in the program.

8 (4) TECHNICAL ASSISTANCE.—The Secretary
 9 shall provide technical assistance to States in devel-
 10 oping written materials and protocols for such core
 11 training competencies and such additional training
 12 content under paragraph (1)(C)(ii).

13 (d) EVALUATION AND REPORT.—

14 (1) EVALUATION.—The Secretary shall develop
 15 an experimental or control group testing protocol in
 16 consultation with an independent evaluation con-
 17 tractor selected by the Secretary. Such contractor
 18 shall evaluate—

19 (A) the impact of core training com-
 20 petencies developed under subsection (b)(2)(A),
 21 including curricula developed to implement such
 22 core training competencies, for personal or
 23 home care aides within each participating State
 24 on job satisfaction, mastery of job skills, bene-
 25 ficiary and family caregiver satisfaction with

1 services, and additional measures determined by
 2 the Secretary in consultation with the expert
 3 panel established under subsection (b);

4 (B) the impact of incorporating the addi-
 5 tional training content developed under sub-
 6 section (b)(2)(B) into existing training stand-
 7 ards for home health aides and certified nurse
 8 aides within each participating State;

9 (C) the impact of providing such core
 10 training competencies and additional training
 11 content on the existing training infrastructure
 12 and resources of States;

13 (D) whether the minimum number of
 14 hours of initial training required for nurse aides
 15 under sections 1819(f)(2)(A)(i)(II) and
 16 1919(f)(2)(A)(i)(II) of the Social Security Act
 17 (42 U.S.C. 1395i–3(f)(2)(A)(i)(II);
 18 1396r(f)(2)(A)(i)(II)) should be increased; and

19 (E) whether a minimum number of hours
 20 of initial training should be required for per-
 21 sonal or home care aides and, if so, what min-
 22 imum number of hours should be required.

23 (2) REPORT.—Not later than 1 year after the
 24 completion of the program, the Secretary shall sub-
 25 mit to Congress a report containing the results of

1 the evaluations conducted under paragraph (1), to-
 2 gether with such recommendations for legislation or
 3 administrative action as the Secretary determines
 4 appropriate.

5 (e) FUNDING.—Out of any funds in the Treasury not
 6 otherwise appropriated, there are appropriated to the Sec-
 7 retary to carry out the program under this section for the
 8 period of fiscal years 2011 through 2016, \$14,000,000.

9 (f) DEFINITIONS.—In this section:

10 (1) ELIGIBLE HEALTH AND LONG-TERM CARE
 11 PROVIDER.—The term “eligible health and long-term
 12 care provider” means a personal or home care agen-
 13 cy (including personal or home care public authori-
 14 ties), a nursing home, a home health agency (as de-
 15 fined in section 1861(o)) of the Social Security Act
 16 (42 U.S.C. 1395x(o)), or any other health care pro-
 17 vider the Secretary determines appropriate which—

18 (A) is licensed or authorized to provide
 19 services in a participating State; and

20 (B) receives payment for services under
 21 title XVIII or XIX of the Social Security Act.

22 (2) HOME HEALTH AIDE.—The term “home
 23 health aide” has the meaning given such term in
 24 section 1891(a)(3)(E) of the Social Security Act (42
 25 U.S.C. 1395bbb(a)(3)(E)).

1 (3) NURSE AIDE.—The term “nurse aide” has
 2 the meaning given such term in section
 3 1819(b)(5)(F) of the Social Security Act (42 U.S.C.
 4 1395i–3(b)(5)(F)).

5 (4) PERSONAL CARE SERVICES.—The term
 6 “personal care services” has the meaning given such
 7 term for purposes of title XIX of the Social Security
 8 Act (42 U.S.C. 1396 et seq.).

9 (5) PERSONAL OR HOME CARE AIDE.—The
 10 term “personal or home care aide” means an indi-
 11 vidual who helps individuals who are elderly, dis-
 12 abled, ill, or mentally disabled (including an indi-
 13 vidual with Alzheimer’s disease or other dementia)
 14 to live in their own home or a residential care facil-
 15 ity (such as a nursing home, assisted living facility,
 16 or any other facility the Secretary determines appro-
 17 priate) by providing routine personal care services
 18 and other appropriate services to the individual.

19 (6) SECRETARY.—The term “Secretary” means
 20 the Secretary of Health and Human Services.

21 **SEC. 402. MEDICARE FAMILY CAREGIVER INFORMATION**
 22 **AND REFERRAL.**

23 State health insurance assistance programs, the Ad-
 24 ministrators of the Centers for Medicare & Medicaid Serv-
 25 ices, and the Assistant Secretary of the Administration on

1 Aging shall, in collaboration with each other, directly or
 2 by contract, develop practical, easy-to-understand infor-
 3 mation and referral protocols for health care providers, so-
 4 cial workers, and other appropriate individuals to provide
 5 to family caregivers of Medicare beneficiaries either on ad-
 6 mission to or discharge from a hospital (including a dis-
 7 charge from a hospital emergency room or a hospital out-
 8 patient department which has furnished a surgical service)
 9 or a post-acute care setting (including a skilled nursing
 10 facility (as defined in section 1819(a) of the Social Secu-
 11 rity Act (42 U.S.C. 1395i-3(a)), a comprehensive rehabili-
 12 tation facility (as defined in section 1861(cc)(2) of such
 13 Act (42 U.S.C. 1395x(cc)(2)) or a rehabilitation agency,
 14 a provider of long-term care services, and a home health
 15 agency (as defined in section 1861(o) of such Act (42
 16 U.S.C. 1395x(o)). Information developed under the pre-
 17 ceding sentence shall—

- 18 (1) include information on national, State, and
 19 community-based resources for seniors, individuals
 20 with disabilities and their caregivers, which shall be
 21 updated on a semi-annual basis (or as frequently as
 22 practicable);
- 23 (2) be disseminated by health care providers,
 24 social workers, and other appropriate individuals as
 25 printed materials (including materials in Spanish

1 and other languages (other than English) as appro-
 2 priate); and

3 (3) be made available on the Internet websites
 4 of State health insurance assistance programs, the
 5 Centers for Medicare & Medicaid Services, and the
 6 Administration on Aging.

7 **SEC. 403. MEDICAID ASSESSMENT OF FAMILY CAREGIVER**
 8 **SUPPORT NEEDS.**

9 (a) IN GENERAL.—Section 1915 of the Social Secu-
 10 rity Act (42 U.S.C. 1396n) is amended—

11 (1) in subsection (c)(2)—

12 (A) in subparagraph (D), by striking
 13 “and” at the end;

14 (B) in subparagraph (E), by striking the
 15 period at the end and inserting “; and”; and

16 (C) by adding at the end the following new
 17 subparagraph:

18 “(F) under such waiver the State may pro-
 19 vide for an assessment of family caregiver sup-
 20 port needs (in accordance with subsection
 21 (k)).”;

22 (2) in subsection (d)(2)—

23 (A) in subparagraph (B), by striking
 24 “and” at the end;

1 (B) in subparagraph (C), by striking the
 2 period at the end and inserting “; and”; and

3 (C) by adding at the end the following new
 4 subparagraph:

5 “(D) under such waiver the State may pro-
 6 vide for an assessment of family caregiver sup-
 7 port needs (in accordance with subsection
 8 (k)).”; and

9 (3) in subsection (i)(1)(F), by adding at the
 10 end the following new clause:

11 “(vii) Where appropriate, an assess-
 12 ment of family caregiver support needs (in
 13 accordance with subsection (k)).”; and

14 (4) by adding at the end the following new sub-
 15 section:

16 “(k) ASSESSMENT OF FAMILY CAREGIVER SUPPORT
 17 NEEDS.—

18 “(1) IN GENERAL.—In the case of an individual
 19 who is determined to be eligible for home and com-
 20 munity-based services under a waiver under sub-
 21 section (c) or (d) or under section 1115, under a
 22 State plan amendment under subsection (i), under
 23 an MFP demonstration project established under
 24 section 6071 of the Deficit Reduction Act of 2005,
 25 or as part of self-directed personal assistance serv-

ices provided pursuant to a written plan of care in accordance with the requirements of subsection (j), and who is dependent upon the assistance of a family caregiver, the State may provide for an assessment of the family caregiver support needs of the individual. Such assessment shall, to the extent feasible, be conducted at the same time as, or closely coordinated with, the determination of the eligibility of the individual for such services.

“(2) QUESTIONNAIRE.—

“(A) IN GENERAL.—Such assessment shall include asking the family caregiver of the individual questions in order to determine whether they would benefit from targeted support services (such as those services described in paragraph (3)).

“(B) COMPLETION ON A VOLUNTARY BASIS.—The answering of questions under subparagraph (A) by a family caregiver shall be on a voluntary basis.

“(3) TARGETED SUPPORT SERVICES DESCRIBED.—The following targeted support services are described in this paragraph:

“(A) Respite care and emergency back-up services (including short-term help for the indi-

1 vidual that gives the family caregiver a break
2 from providing such care).

3 “(B) Individual counseling (including ad-
4 vice and consultation sessions to bolster emo-
5 tional support for the family caregiver to make
6 well-informed decisions about how to cope with
7 the strain of supporting the individual).

8 “(C) Support groups, including groups
9 which provide help for family caregivers to—

10 “(i) locate a support group either lo-
11 cally or online to share experiences and re-
12 duce isolation;

13 “(ii) make well-informed decisions
14 about caring for the individual; and

15 “(iii) reduce isolation.

16 “(D) Information and assistance (including
17 brochures and online resources for researching
18 a disease or disability or learning and managing
19 a regular caregiving role, new technologies that
20 can assist family caregivers, and practical as-
21 sistance for locating services).

22 “(E) Chore services (such as house clean-
23 ing).

24 “(F) Personal care (including outside
25 help).

1 “(G) Education and training (including
 2 workshops and other resources available with
 3 information about stress management, self-care
 4 to maintain good physical and mental health,
 5 understanding and communicating with individ-
 6 uals with dementia, medication management,
 7 normal aging processes, change in disease and
 8 disability, the role of assistive technologies, and
 9 other relevant topics).

10 “(H) Legal and financial planning and
 11 consultation (including advice and counseling
 12 regarding long-term care planning, estate plan-
 13 ning, powers of attorney, community property
 14 laws, tax advice, employment leave advice, ad-
 15 vance directives, and end-of-life care).

16 “(I) Transportation (including transpor-
 17 tation to medical appointments).

18 “(J) Other targeted support services the
 19 Secretary or the State determines appropriate.

20 “(4) REFERRALS.—In the case where a ques-
 21 tionnaire completed by a family caregiver under
 22 paragraph (2) indicates that the family caregiver
 23 would benefit from 1 or more of the targeted sup-
 24 port services described in paragraph (3), the State
 25 shall provide referrals to the family caregiver for

1 local, State, and private-sector family caregiver pro-
 2 grams and other resources that provide such tar-
 3 geted support services.”.

4 (b) EFFECTIVE DATE.—The amendments made by
 5 subsection (a) shall apply to medical assistance for home
 6 and community-based services that is provided on or after
 7 the date of enactment of this Act.

8 **TITLE V—STUDIES AND** 9 **REPORTS**

10 **SEC. 501. STUDIES AND REPORTS.**

11 (a) IOM STUDY AND REPORT ON MENTAL HEALTH
 12 WORKFORCE NEEDS.—

13 (1) STUDY.—Not later than 90 days after the
 14 date of enactment of this Act, the Secretary of
 15 Health and Human Services shall enter into a con-
 16 tract with the Institute of Medicine of the National
 17 Academies (in this section referred to as the “Insti-
 18 tute”) under which the Institute shall conduct a
 19 study on the specific policy, workforce, economic,
 20 and implementation issues relevant to the mental
 21 health workforce that need to be addressed to meet
 22 the current needs of older individuals and the future
 23 needs of the aging boomer generation.

24 (2) REPORT.—Not later than 24 months after
 25 the effective date of the contract under paragraph

1 (1), the Institute, as part of such contract, shall
 2 submit a report to the Secretary of Health and
 3 Human Services and the appropriate committees of
 4 jurisdiction of Congress containing the results of the
 5 study conducted under paragraph (1), together with
 6 recommendations for such legislation and adminis-
 7 trative action as the Institute determines appro-
 8 priate.

9 (3) AUTHORIZATION.—There is authorized to
 10 be appropriated to carry out this subsection,
 11 \$1,200,000 for the period of fiscal years 2011
 12 through 2012.

13 (b) GAO STUDY AND REPORT ON THE NEEDS OF
 14 THE AGING NETWORK.—

15 (1) STUDY.—The Comptroller General of the
 16 United States (in this section referred to as the
 17 “Comptroller General”) shall conduct a study on the
 18 aging network, focusing on State agencies and area
 19 agencies on aging (as defined in section 102 of the
 20 Older Americans Act of 1965 (42 U.S.C. 3002)) to
 21 determine the current capacity of such network and
 22 to identify challenges in providing services to older
 23 adults, including older adults who are low-income
 24 and older adults with functional disabilities, during

1 the 10-year period beginning on the date of enact-
 2 ment of this Act.

3 (2) REPORT.—Not later than 18 months after
 4 the date of enactment of this Act, the Comptroller
 5 General shall submit to Congress a report containing
 6 the results of the study conducted under paragraph
 7 (1), together with recommendations—

8 (A) on the workforce supply and capitol re-
 9 sources needed by the aging network in order to
 10 meet the demand for services by older adults
 11 during such 10-year period; and

12 (B) for such legislation and administrative
 13 action as the Comptroller General determines
 14 appropriate.

15 (c) GAO STUDY AND REPORT ON THE DIRECT CASE
 16 WORKFORCE IN LONG-TERM CARE SETTINGS.—

17 (1) STUDY.—The Comptroller General shall
 18 conduct a study on the use of practices to reduce
 19 turnover and improve retention and tenure of nurse
 20 aides and home health aides in nursing homes, as-
 21 sisted living facilities, and home health agencies (as
 22 defined in section 1861(o) of the Social Security Act
 23 (42 U.S.C. 1395x(o)). Such study shall include an
 24 analysis of the reasons for the success of such prac-

1 tices and how such practices could be replicated in
2 other facilities.

3 (2) REPORT.—Not later than 18 months after
4 the date of enactment of this Act, the Comptroller
5 General shall submit to Congress a report containing
6 the results of the study conducted under paragraph
7 (1), together with recommendations for such legisla-
8 tion and administrative action as the Comptroller
9 General determines appropriate.

10 (3) DEFINITIONS.—In this subsection:

11 (A) HOME HEALTH AIDE.—The term
12 “home health aide” has the meaning given such
13 term in section 1891(a)(3)(E) of the Social Se-
14 curity Act (42 U.S.C. 1395bbb(a)(3)(E)).

15 (B) NURSE AIDE.—The term “nurse aide”
16 has the meaning given such term in section
17 1819(b)(5)(F) of the Social Security Act (42
18 U.S.C. 1395i–3(b)(5)(F)).

19 (d) GAO STUDY AND REPORT ON NIH SPENDING
20 AND GRANTS.—

21 (1) STUDY.—The Comptroller General shall
22 conduct a study on spending by the National Insti-
23 tutes of Health, including the number of grants
24 made by the National Institutes of Health, on condi-
25 tions and illnesses that disproportionately impact the

1 physical and mental health of older individuals. Such
2 study shall include an analysis of the number of
3 older individuals who are included in clinical trials,
4 including clinical trials assessing the prevalence and
5 impact of medication-related problems for older
6 adults, that are supported by the National Institutes
7 of Health.

8 (2) REPORT.—Not later than 18 months after
9 the date of enactment of this Act, the Comptroller
10 General shall submit to Congress a report containing
11 the results of the study conducted under paragraph
12 (1), together with recommendations for such legisla-
13 tion and administrative action as the Comptroller
14 General determines appropriate.

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